COT DEATH RESEARCH ON ANIMALS - IS IT NECESSARY?

Deep inside the University of Sydney, in a small recess of the Blackburn Building, called the David Read Laboratory, a dog is strapped to a table.

The room is dark in order not to waken the animal, and a sign outside the curtained doorway tells passers-by to remain silent as sleep studies are in progress. The dog is connected by 24 cords to a 'breathing monitor' (a motion monitor - such devices are considered unreliable and cannot distinguish between respiration and heartbeat). It may even have been subjected to a tracheotomy or any other surgical operation, as part of the study.

So what could this strange medieval scene mean? Could it be some veterinarian's obscene voyeurism? For what ends is this study hoping to fulfil?

Believe it or not, this is part of research into Sudden Infant Death Syndrome (SIDS), a human disorder in which babies die without any explanation. Dogs do not in fact suffer SIDS (also known as Cot Death), but researchers at Sydney University believe that they can learn about the syndrome by studying canine sleep and breathing patterns. One researcher there has been performing similar experiments for over 15 years in Australia and the USA - achieving no breakthroughs for human health in that time!

The story is the same for many fields of 'medical research'. Other species are studied in order to find the causes or cures for human disorders, or intricate biomedical research is undertaken in a laboratory to discover the microscopic anomalies of illness. Would it be safe to assume that most people feel that these research techniques have been responsible for not only an understanding of dis-ease but also for the development of cures for human illness? Perhaps it would, but let us not discount those dissenting voices from the scientific community who actually challenge the usefulness of such research models.

In 1978, Swiss medical historian Hans Ruesch released his book *Slaughter of the Innocent* (CIVIS), an account of the damages to human health which are a result of pseudo-scientific research; research which uses the incorrect model, the incorrect species for drug trials, for vaccine trials, for developing surgical techniques and for studying the progress of disease.

Ruesch showed that each species is different from others in respect to genetic, physiological, metabolic and psychological makeup, and that results obtained from one species cannot be extrapolated to suit the situation of another species. This process is widely considered unscientific, of high risk and dangerous in that it causes delays in treatments or prevention of illnesses. In this and his two further texts, *Naked Empress* (1983), and *1000 Doctors Against Vivisection* (1989), he showed that human experimentation was an inevitability when we have an inappropriate screening process for dangerous drugs, vaccines, surgical techniques and other 'therapies'. This we have seen in the case of vaccines which have never been safely or effectively tested, and drugs such as thalidomide which caused more than 10,000 birth deformities, and more recently, clioquinol, which paralysed and blinded over 30,000 Japanese and many Australians to varying degrees. Humans become the real 'guinea pigs' as the animal model is really just a legal scapegoat for drug companies who wish to pawn off their invariably dangerous substances.

Let us go back to the dog at the University of Sydney. This animal represents the fallacies of 25 years of fruitless Cot Death research. Where there is a large funding campaign (like the National Red Nose Day Appeal), fallacious but expensive research will be abundant. In this case there are two stumbling blocks for achieving meaningful results. The first is the most obvious. This is the wrong model to study human disease as it lacks our physiological/genetic make-up and it is removed from the context in which illness occurs. This is especially notable given that vaccination has been implicated in cot death by independent researchers. It is unlikely that vaccinations played any part in the artificial contexts of the laboratory model.

Animal histology ie. tissue makeup,physiology and biochemistry are quite different to humans. therefore all animals differ in disease patterns, reactions to drugs and dietary requirements.

Dr. Chris Seaton, researcher at the University of Sydney said "we do a lot of animal research in sleep disorders. Most of it on dogs and cats but in the past on cats and rabbits. A lot more in recent times our research is moving towards human models. One of the reasons for that is the fact that in the past even though we've found we can do some very clever research, and at the end of many years of painstaking research, although you have a lot of interesting results you cannot always apply it to humans. Application to humans is sometimes very difficult and often impossible."

Another SIDS researcher Guiseppe Simonetta says about his research "we hypothesise that there is some sort of developmental problem in utero, involved with hormonal and neurological development. We use as our model pregnant ewes". How can this be translated to a human problem?

The second stumbling block is that the research is based on the 'apnoea' model of cot death. An apnoea is when a baby has a pause in breathing. It is argued that babies die because they stop breathing (or that their heart stops). This over simplification is akin to saying that someone dying of typhoid dies because they stop breathing. As a result, most research involves laboratory studies of breathing controls. Apnoeas are not necessarily found in babies who subsequently die of SIDS. However, with predominantly laboratory research using the wrong model or using selectively chosen healthy babies out of their natural environment, is it any wonder that the apnoea model of cot death remains? Is it any wonder that SIDS is still a mystery to the National SIDS Council?

> One researcher there has been performing similar experiments for over 15 years in Australia and the USA - achieving no breakthroughs for human health in that time!

Affiliated SIDS research is the epitome of medical research. It grows further from scientific reason annually, and has been doing so for a quarter of a century. Methodologies such as clinical study, statistical analysis, comparisons of behaviours, diet and context - these are all playing second fiddle to supposedly more scientific pursuits. However, even the Macquarie dictionary defines 'clinical' as "concerned with observations and treatment of disease in a patient (as distinguished from an artificial experiment)" (1985).

Clearly for those who choose to approach any medical problem with methods which are scientifically founded and not subject to the arbitrary, misleading nature of most laboratory research, results are more likely to be obtained.

In this light, independent cot death researchers who have used rational means to come to conclusions are shunned by medical authorities. Those, such as Dr Glen Dettman, and Dr. Archie Kalokerinos, or the late Robert Mendelsohn, M.D., who have made connections between infant mortality and noxious substances, have also made the error of challenging the dogmas of respected institutions. These three people have shown that cot death is in fact a multi-factorial insult on a child's immune system. Such an insult, given that the child initially has a weakened immune system, can lead to sub-clinical scurvy. This means that the ascorbic acid (Vitamin C) necessary for cellular function is completely depleted. When this happens the child dies. It must, as a consequence, stop breathing hence the misconception of most within the medical hierarchy.

(Please note that dogs and many other animals manufacture their own vitamin C. Humans do not. So study on these animals could never find these results.) What is more, Dr. Dettman, Dr. Kalokerinos and Mendelsohn MD, have implicated medicine's 'sacred cow' - the vaccination, as the primary immune insult, and this explains why the public has been deprived of their knowledge.

All of this information has been achieved by studying the histories and symptoms of babies who subsequently died of SIDS. Dr. Kalokerinos observed the increase in deaths of Aboriginal children (up to 500 out of 1000 children) in outback Australia. By simply comparing the time of death after vaccination between the children, the correlation was undoubted. Aborigines had (and still have) a diet deficient in Vitamin C and this explains why there was a disproportionate number of SIDS cases among Aboriginal children compared to non-Aboriginal children.

When will funding groups realise that the useful methods of study are also the simplest, safest and least expensive?